



Scotts Valley Tribal TANF
PANDEMIC EMERGENCY ASSISTANCE FUND (PEAF)

SVTT Client ☐
 Community Member ☐

Please print all information and fill out completely; failure to do so may cause your application to be denied.				Date:	
Before completing this form: in order to qualify for services, you must: 1. Have at least one Native American child under the age of 18 (or still in high school) with at least one member of the household within the SVTT Service Area/Population; and 2. Your household must be at or below 300% of the Federal Poverty Guideline levels, <u>or</u> be receiving CAL FRESH benefits, Medi-Cal with zero share of cost, or be eligible for other similar income-tested federal benefits.					
Full Name:					
Street Address (PO Box is not acceptable):				City:	Zip:
Phone:	<input type="checkbox"/> Cell <input type="checkbox"/> Home		Email:		
Household Type: <input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parent <input type="checkbox"/> Relative Caretaker				Number in Household:	
Currently receiving County Cash Assistance Including CalWORKs, Foster Care, or KinGAP? <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated annual family income:		
List all family members in your household	Date of Birth	Social Security	Tribal Affiliation	Relationship	
1.				SELF	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please indicate the service(s) for which you are applying:

<input type="checkbox"/> Cash Payment	<input type="checkbox"/> Housing Payment
<input type="checkbox"/> Utility Payment	<input type="checkbox"/> Burial Expenses
<input type="checkbox"/> Quarantine Payment	<input type="checkbox"/> Grocery Card
<input type="checkbox"/> Lost Wages	

For Staff Use Only	
<input type="checkbox"/> At or below 250% FPL	<input type="checkbox"/> CalFRESH/Medi-Cal/Eligible Other
<input type="checkbox"/> Between 250-300% FPL	<input type="checkbox"/> Over 300% FPL (FPL = _____%)



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Application Checklist:

In order to be considered eligible for service(s), the following documentation must be provided at the time of application:

- ☐ Completed PEA Application
- ☐ Release of Information for each adult in household
- ☐ Proof of Residency in the SVTT Service Area
- ☐ Tribal Enrollment verification (or descendency verification) for at least one household member
- ☐ Valid Picture ID for all adults in household
- ☐ Verification of guardianship, adoption, or custody if applicable
- ☐ Proof of ALL income from the previous 30 days
- ☐ Birth Certificates for each household member (including relative caretakers)
- ☐ Social Security cards for each household member (including relative caretakers)

For Housing Payments:

- ☐ Mortgage statement/Letter from Property Manager
- ☐ Proof of qualifying COVID-19 event

For Utility Payments:

- ☐ Utility bill
- ☐ Proof of qualifying COVID-19 event

For Burial Payments:

- ☐ Death Certificate or documentation from the appropriate medical personnel with COVID-19 identified as a cause of death
- ☐ Proof of burial/funeral costs
- ☐ Attestation regarding duplication of benefits

For Quarantine Hotel/Meal Payments

- ☐ Doctor's note or positive test confirming the need to quarantine due to COVID-19

For Lost Wage Replacement

- ☐ Prior wage statement/pay stubs
- ☐ Proof of qualifying COVID-19 event
- ☐ Proof of Unemployment Insurance denial or current Unemployment Insurance claim history and balance



Release of Information

I, _____ (print), hereby authorize the Scotts Valley Tribal TANF (SVTT) Program to request and obtain any and all information and/or documentation necessary to verify information I have given regarding my eligibility for Pandemic Emergency Assistance funds. I authorize the release of any information, documents, or forms to the SVTT Program or their designee necessary for the purposes of determining my eligibility, including, but not limited to:

- Earned Income: Employment, wages, vacation pay, or bonuses.
- Unearned Income: Per Capita, Revenue Sharing, Child Support, Social Security, Disability SSI, Worker's Comp, etc.
- Residency: Housing, rental, lease agreements, temporary homelessness.
- Pandemic Emergency Assistance with the County, State, or other Tribal Programs for non-duplication of benefits.
- Other: birth certificates, social security cards, tribal affiliation (proof of Indian Blood), guardianship and/or custody documents, etc.

I hereby release the SVTT Program and its designees/employees from all liability, damages and claims which might result from the release of information as authorized.

I understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

A copy of this release should be accepted as an original.

By signing this form, I authorize the release of the following information/records to the SVTT Program. This signed release of information is valid for 1 year from the date listed below.

Applicant Name (print)

Applicant Signature

Social Security # (Last 4 only)

Birth Date (MM/DD/YYYY)

Date

Co-Applicant Name (print)

Co-Applicant Signature

Social Security # (Last 4 only)

Birth Date (MM/DD/YYYY)

Date



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Application Certification and Other Information

Have you or any household members applied for and/or received Pandemic Emergency Assistance Funding (PEAF) in the past with SVTT, a State (or a County), a Federal or Tribal Program? ☐ No ☐ Yes

If yes, Program Name: _____ Date: _____ ☐ Approved ☐ Denied

I (We) understand:

- The questions on this form.
- Any facts I have given on this form, including benefit and income information are subject to verification by SVTT Personnel.
- The penalties, including the specific disqualification penalties for giving wrong or incomplete facts, or failing to report facts and situations which may affect my eligibility or benefits.
- My application may be selected for additional review to ensure that my eligibility was correctly determined, and I must cooperate fully.
- I have the right to full and complete confidentiality for all information pertaining to my application or verification.
- I have the right to appeal, in writing, if dissatisfied of any adverse action, or denial of benefits affecting my PEAFF application.
- My family may not receive duplicative PEAFF benefits from any other State, County or Tribe.
- PEAFF benefits may supplement but not supplant other sources of federal funding.

I (We) certify under penalty of perjury that:

- My (our) request for PEAFF is to assist my household as a result of the COVID-19 Pandemic.
- I (We) have not received any duplicative PEAFF benefits from any other State, County or Tribe, nor do we have any pending applications for such benefits.
- All of the information provided on my SVTT PEAFF Application is true and correct.
- I (We) understand that falsification or misrepresentation of any information is grounds for denial of PEAFF benefits and may result in SVTT's recovery of any money paid to me while receiving these benefits.
- I (We) understand that the SVTT Program has the right to criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain benefits to which he/she is not entitled.

Failure to submit a complete application with all supporting documents may result in a denial of the application.

Applicant Signature

Co-Applicant Signature

Date

Date